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UNITED STATES
DEPARTMENT OF LABOR
CHILDREN'S BUREAU



THE CHILD

MONTHLY BULLETIN

Volume 9, Number 6

December 1944

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UNITED STATES
DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY



CHILDREN'S BUREAU

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• SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN •

Deaths From Accidents Among Children and Adolescents

By GEORGE WOLFF, M.D.¹

Division of Statistical Research, U. S. Children's Bureau

Deaths among children from communicable diseases have been reduced in recent years as a result of increased medical knowledge and improved public-health methods in control, prevention, and cure. A corollary of this reduction has been an increase in the relative importance of accidents as a cause of death among children and adolescents. Accidental deaths must be considered preventable deaths. The reduction of wastage in child life through accidental deaths requires a precise knowledge of the types and causes of accidents and a widespread knowledge and consciousness of accidents as a public-health and a child-welfare problem. As a basis for programs planned to prevent accidents, the Children's Bureau has made a study, using the Bureau of the Census figures for 1939, 1940, and 1941 on deaths from accidents among children and adolescents, classified according to race, sex, and age group.

Accidents killed 58,011 boys and girls under 20 years of age in the United States in the 3-year period 1939-41. In the broad age span covered, with the newborn infant at one extreme and the young adult approaching his twentieth birthday at the other, deaths from all causes totaled more than half a million (543,695) during this 3-year period. About 1 death in every 10, therefore, resulted from an accident.

Rates of Death From Accidents, 1939-41

Deaths from all causes and from accidents are classified in table 1 by race, sex, and age group, with average annual death rates per 100,000 of the corresponding population group. The percentage of all deaths resulting from accidents is also shown. It is possible, therefore, to compare the differences in death rates from accidents for boys and girls in any age-race group; for white and nonwhite children in any age-sex group, and for children of any age group with relation to sex and race.

For boys and girls.—The loss of life from accidents is shown to be more than twice as great

among boys as among girls (40,105 deaths compared with 17,906). Both the total death rate and the death rate from accidents are higher for boys than for girls. This is true for white children in all age groups. It is also true for nonwhite children, except in the 15- to 19-year group where the total death rate is higher for girls than for boys (because of the prevalence among girls of tuberculosis and deaths connected with pregnancy); in this group, however, the death rate from accidents is five times as high for boys as for girls.

For racial groups.—The differences between the white and nonwhite groups in rates of death from accidents, on the other hand, are not very great, except among infants under 1 year. The death rate from accidents runs somewhat higher for the nonwhite than for the white children in all age-sex groups. The differences in rates of death from all causes are much greater, however, the rates for nonwhite children being two or even three times as high as those for white children in some groups. The percentages of all deaths that result from accidents, consequently, appear somewhat lower for nonwhite than for white groups, except among babies. The reason for the lower ratio of accident deaths to all deaths in the nonwhite groups is the greater prevalence of deaths from other causes among the nonwhite children, especially tuberculosis among the older girls. In the 15- to 19-year age group the death rate from tuberculosis in the 3-year period 1939-41 was 159.7 per 100,000 population for nonwhite girls and 97.2 for nonwhite boys, compared with 18.9 and 10.7 for white girls and boys. Thus, for the nonwhite population of this age group the most pressing public-health problem today is still tuberculosis, whereas for the white population, especially boys, the problem of accidents has become more and more important as deaths from other causes have been reduced.

By age group.—When age groups are compared the highest rates of death from accident are found among infants under 1 year of age, in both racial groups and in both sexes. But be-

¹ Research Fellow, Dazian Foundation for Medical Research.

cause of the greater prevalence of other causes of death among infants (especially premature birth, pneumonia and influenza, congenital malformations, injury at birth, and diarrhea and enteritis) deaths from accidents constitute only from 2 to 3 percent of the total in this age group. The fact remains, however, that in the 3-year period 1939-41 accidents were responsible for the deaths of 7,623 babies. The types of fatal

sharply for both sexes in the 15- to 19-year groups, where motor-vehicle accidents increase and industrial accidents to employed minors enter the picture.²

Trends in Leading Causes of Death

In order to get a more concrete picture of the trend of accident mortality, especially of the role that accidents have played in the past in relation

TABLE 1.—Deaths and death rates from all causes and from accidents, and percentage of deaths from accidents among all deaths of persons under 20, by age group, sex, and race; United States, 1939-41

(Based on data from U. S. Bureau of the Census.)

NOTE.—Rates are the number of deaths in a specific group per 100,000 population of that group.

Age groups (years)	White boys					White girls				
	Deaths from all causes		Deaths from accidents		Percentage of deaths from accidents	Deaths from all causes		Deaths from accidents		Percentage of deaths from accidents
	Number in 3 years	Average annual rate	Number in 3 years	Average annual rate		Number in 3 years	Average annual rate	Number in 3 years	Average annual rate	
Total, under 20	248,623	409.8	34,129	56.3	14	183,843	311.8	14,916	25.3	8
Under 1	153,744	5,650.9	3,373	124.0	2	114,377	4,375.5	2,556	97.8	2
1-4	32,645	286.8	6,445	56.6	20	26,906	245.3	4,511	41.1	17
5-9	16,702	117.3	5,595	39.3	34	12,102	88.0	2,745	20.0	23
10-14	17,048	108.1	6,457	40.9	38	11,328	74.1	1,869	12.2	17
15-19	28,484	172.1	12,259	74.1	43	19,130	117.0	3,235	19.8	17
Nonwhite boys										
Total, under 20	59,785	742.2	5,976	74.2	10	51,444	624.6	2,990	36.3	6
Under 1	36,785	10,226.3	932	259.1	3	28,873	7,886.3	762	208.1	3
1-4	8,669	541.7	1,060	66.2	12	7,647	475.0	932	57.9	12
5-9	3,236	160.0	861	42.6	27	2,789	136.4	546	26.7	20
10-14	3,651	175.5	1,169	56.2	32	3,218	153.3	304	14.5	9
15-19	7,444	373.6	1,954	98.1	26	8,917	421.5	446	21.1	5
Nonwhite girls										

accidents occurring most frequently among babies are technically classified as "mechanical suffocation" and "obstruction, suffocation, or puncture through ingested objects." A baby too young to turn over or to push bedclothes away from his face may be suffocated by working down under the blankets, by being laid face down on a soft pillow, or by someone's sleeping in the same bed and rolling over on him or even merely flinging an arm over him. A baby in the creeping stage may pick up any small object he can find on the floor—a button, a peanut, a tiny toy—stuff it in his mouth, and quickly choke to death. Younger babies may grab an open safety pin while their diapers are being changed. Such accidents can be easily prevented. If the mother or other person in charge were warned of the danger and given simple instructions for preventing accidents many an infant life could be saved.

Comparatively low rates of death from accidents are found in the age groups 5 to 9 and 10 to 14 years. Girls 10 to 14 have the lowest rate of all in both racial groups. The rates rise again rather

to other leading causes of death, mortality summaries recently published by the Bureau of the Census³ have been combined in table 2 to show the death rates from the five most important causes of death in the decennial years from 1900 to 1940. The age groups shown (1 to 4 years, 5 to 14 years, 15 to 24 years) do not coincide exactly with those in table 1. The figures for each year are based on reports from the States then included in the death-registration area. These figures constitute a fair sample of the mortality trend in the United States as a whole. Moreover, the causes of death in the various age groups are not specified for the white and the nonwhite population nor for males and females separately. Nevertheless, the survey over 4 decades will shed some light on the long-term trend and on the shifts in rank among the leading causes of death, including accidents. The age group under 1 year

² The census figures do not segregate deaths due to industrial accidents by age in such a manner as to permit computation of the number of minors killed or fatally injured in the course of their employment.

³ Vital Statistics—Special Reports, Vol. 16, Nos. 61-63, 1943.

is not shown because accidents do not rank among the five leading causes of death in that age group and because comparable data are not available for infants before 1915, the year when the United States birth-registration area was established.

Preschool age.—Among children 1 to 4 years of age deaths from accidents (including motor-vehicle accidents) ranked second among causes of death in 1940, with a rate of 49.6 per 100,000 children of that age (table 2). Only the death rate from pneumonia and influenza was higher, and the next most important causes of death (diarrhea and enteritis, tuberculosis, and congenital malformations) ranked far below.

In 1930 accidents were in third place, with a rate of 63.3 per 100,000, and were outranked both by pneumonia and influenza, with a rate twice as high, and by diarrhea and enteritis. Diphtheria and tuberculosis ranked fourth and fifth, but took a much smaller toll than accidents.

In 1920, accidents were fourth among causes of death, although the death rate from this cause

(82.6) was higher than in 1930 and 1940. Diphtheria was then in third place, diarrhea and enteritis in second place, and pneumonia and influenza in first place with the extremely high rate of 283.7.

In the preceding decennial years, 1910 and 1900, accidents did not appear among the five leading causes of death for this age group, although death rates from accidents were as high as, or higher than, in later years (83.5 in 1910 and 75.3 in 1900). All five leading causes of death in 1900 and again in 1910 were infectious diseases. Diphtheria, long the most dreaded single infectious disease of childhood, with death rates of 271.0 per 100,000 in 1900 and 139.9 in 1910, had almost disappeared as a leading cause of death by 1940, thanks to specific therapy and the widespread practice of immunization.

Children of school age.—Among children of school age (5 to 14) accidents in 1940 and also in 1930 were the principal cause of death in spite of the fact that the accident death rate was

TABLE 2.—Rank order of five leading causes of death for age groups 1 to 4, 5 to 14, and 15 to 24 years, United States death-registration States; decennial years, 1900-40

(Based on data from U. S. Bureau of the Census. Vital Statistics, Special Reports, Vol. 16, Nos. 61, 62, 63.)

NOTE.—Rates are the number of deaths in a specific group per 100,000 population of that group.

Age 1-4 years		Age 5-14 years		Age 15-24 years	
Cause of death	Rate	Cause of death	Rate	Cause of death	Rate
1940		1940		1940	
Pneumonia and influenza.....	62.5	Accidents (including motor-vehicle: 11.6)	28.8	Accidents (including motor-vehicle: 28.6)	53.5
Accidents (including motor-vehicle: 12.4)	49.6	Pneumonia and influenza.....	9.0	Tuberculosis (all forms).....	38.2
Diarrhea, enteritis, etc.....	30.2	Diseases of the heart.....	18.0	Diseases of the heart.....	14.0
Tuberculosis (all forms).....	12.3	Appendicitis.....	8.0	Diseases of pregnancy.....	12.2
Congenital malformations.....	10.3	Tuberculosis (all forms).....	5.5	Pneumonia and influenza.....	11.5
1930		1930		1930	
Pneumonia and influenza.....	123.1	Accidents (including motor-vehicle: 14.7)	36.5	Tuberculosis (all forms).....	77.3
Diarrhea, enteritis, etc.....	95.6	Pneumonia and influenza.....	18.8	Accidents (including motor-vehicle: 27.4)	69.1
Accidents (including motor-vehicle: 14.6)	65.3	Appendicitis.....	13.1	Pneumonia and influenza.....	27.8
Diphtheria.....	33.5	Diseases of the heart.....	12.1	Diseases of pregnancy.....	23.0
Tuberculosis (all forms).....	25.9	Tuberculosis (all forms).....	11.9	Diseases of the heart.....	21.3
1920		1920		1920	
Pneumonia and influenza.....	283.7	Pneumonia and influenza.....	45.1	Tuberculosis (all forms).....	180.1
Diarrhea, enteritis, etc.....	141.3	Accidents (including motor-vehicle: 15.0)	44.9	Pneumonia and influenza.....	101.3
Diphtheria.....	90.5	Diphtheria.....	28.0	Accidents (including motor-vehicle: 7.8)	66.6
Accidents (including motor-vehicle: 9.1)	82.6	Tuberculosis (all forms).....	22.4	Diseases of pregnancy.....	32.9
Whooping cough.....	57.7	Diseases of the heart.....	17.4	Diseases of the heart.....	24.5
1910*		1910		1910	
Pneumonia and influenza.....	285.6	Accidents (including motor-vehicle: 2.4)	38.2	Tuberculosis (all forms).....	152.0
Diarrhea, enteritis, etc.....	271.8	Diphtheria.....	36.9	Accidents (including motor-vehicle: 1.1)	64.5
Diphtheria.....	139.9	Tuberculosis (all forms).....	29.7	Typhoid fever.....	34.1
Measles.....	87.5	Pneumonia and influenza.....	25.4	Pneumonia and influenza.....	29.2
Tuberculosis (all forms).....	84.6	Diseases of the heart.....	122.3	Diseases of the heart.....	126.7
1900*		1900		1900	
Pneumonia and influenza.....	386.6	Diphtheria.....	69.7	Tuberculosis (all forms).....	205.7
Diarrhea, enteritis, etc.....	303.0	Accidents.....	58.3	Accidents.....	53.4
Diphtheria.....	271.0	Pneumonia and influenza.....	38.2	Typhoid fever.....	50.0
Tuberculosis (all forms).....	101.8	Tuberculosis (all forms).....	36.2	Pneumonia and influenza.....	48.1
Measles.....	87.5	Diseases of the heart.....	123.3	Diseases of the heart.....	128.8

* Does not include deaths reported as due to acute rheumatic fever. For further comment see footnote 4, p. 86.

† In 1910 deaths from accidents were in sixth place for children 1 to 4 years, with a rate of 83.5.

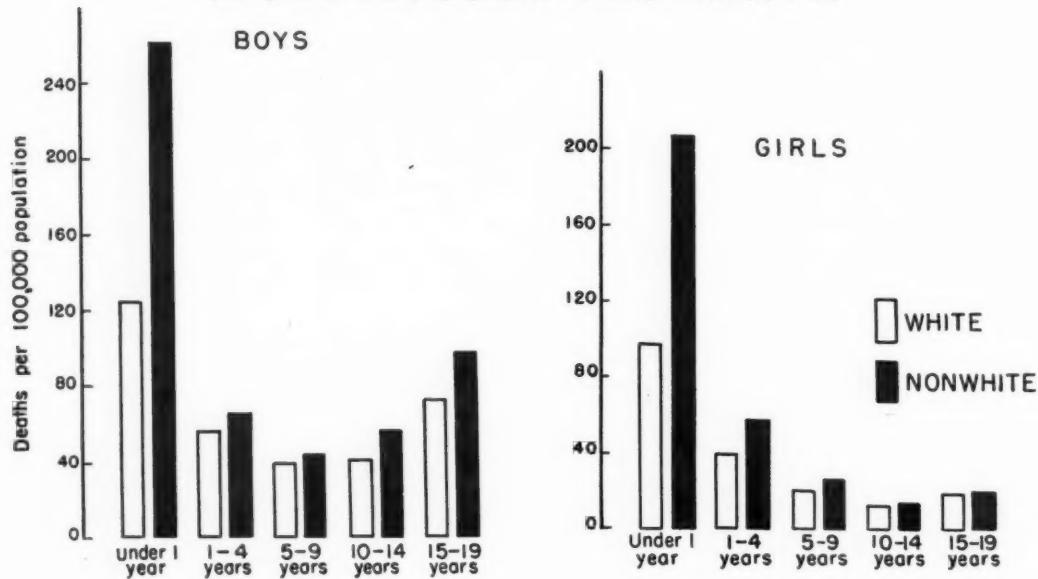
‡ In 1900 deaths from accidents were in sixth place for children 1 to 4 years, with a rate of 75.3.

lower for this age group than for any other. The death rate from accidents in 1940 (28.8 per 100,000 children 5 to 14) was more than three times as high as the rate from the second leading cause, influenza and pneumonia (9.0). Only in 1920, a year in which influenza was epidemic,

census years. In spite of its increasing importance in relation to deaths from other causes, the rate of deaths diagnosed as due to diseases of the heart has been steadily lowered from 23.3 per 100,000 for this age group in 1900 to 8.0 in 1940, a drop of 66 per cent.

DEATHS FROM ACCIDENTS AMONG PERSONS UNDER 20 YEARS OF AGE, UNITED STATES, 1939-41

(Average annual rates, by age group, sex, and race, per 100,000 population)



was the death rate from pneumonia and influenza (45.1) slightly above the death rate from accidents (44.9) among children of these ages. Diphtheria, although not so frequent a cause of death among school children as in the preschool group, ranked second to accidents as a cause of death in 1910. In 1900 diphtheria ranked first, with a death rate of 69.7 per 100,000, and accidents came second with a rate of 38.3.

"Diseases of the heart"⁴ were among the five most important causes of death for children of school age for each census year from 1900 to 1940. In the age group 5 to 14 this cause ranked third in 1940, fourth in 1930, and fifth in the preceding

Tuberculosis, another of the five leading causes of death among children 5 to 14 throughout the period, has shown even greater reduction, from 36.2 per 100,000 in 1900 to 5.5 in 1940. In contrast to the consistent reduction in death rates from tuberculosis, the death rate from accidents was highest (44.9 per 100,000) in 1920 and the reduction from 1900 to 1940 was less than 25 percent.

Youth.—In the age group 15 to 24 years accidents were the most important cause of death in 1940, with a rate of 53.3 per 100,000 population of these ages. Tuberculosis, which held first place in the four previous census years, came second in 1940 with a rate of 38.2, and diseases of the heart ranked third. The conquest of tuberculosis is shown by a drop of more than 80 percent in the death rate, from 205.7 in 1900 to 38.2 in 1940 among young people in this age group. Diseases of pregnancy and pneumonia and influenza ranked fourth and fifth.

In 1920, as a result of the influenza epidemic,

⁴ Huse, in her article, *Rheumatic Fever in Children* (The Child, May 1943), shows that authoritative estimates indicate that in children of school age 80 to 90 percent of deaths attributed to "diseases of the heart" are actually caused by rheumatic fever. Thus, although rheumatic fever, with a death rate in 1940 of 2.6 per 100,000 among children 5 to 14, for example, does not appear among the five leading causes of death, if 85 percent of deaths attributed to diseases of the heart are added to the deaths reported as due to acute rheumatic fever, a death rate of 9.4 is obtained for this age group, compared with 9.0 for pneumonia and influenza combined.

pneumonia and influenza ranked second as a cause of death in the 15-to-24 age group, the death rate from this cause being 101.3, compared with 29.2 in 1910 and 27.8 in 1930. Another severe infectious disease, typhoid fever, which ranked third among causes of death in the 15-to-24 age group in 1900 (death rate 50.0 per 100,000) and also in 1910 (34.1) disappeared from the list of five leading causes of death in 1920.

In contrast, the death rate from accidents of all types was practically as high in 1940 (53.3) as in 1900 (53.4). The continued high rate of death from accidents of all types is due to the tremendous increase in motor-vehicle accidents. The death rate from such accidents for this age group jumped from 1.1 per 100,000 in 1910 (the first decennial year that motor-vehicle accidents appeared separately as a cause of death) to 27.4 in 1930 and 28.6 in 1940.

Another cause of death that has assumed increasing relative importance among girls and young women, as deaths from infectious diseases have been reduced, is diseases of pregnancy. Even in the age group as a whole, with no separation of sexes (table 2), diseases of pregnancy stood fourth among causes of death for young people 15 to 24 years of age in 1940 and also in 1930 and 1920.

Persons in other age groups.—Because of the perspective it gives on differences in the leading causes of death for children and youth as compared with those for other age groups, a brief summary of causes of death, including accidents, among adults is included here.

For adults 25 to 44 years accidents ranked third among causes of death in 1940, with a rate of 53.4 per 100,000 population. The death rate from accidents for this group was almost identical with that for the 15- to 24-year age group, but the death rates from heart disease and tuberculosis had risen to take first and second place respectively.

For adults 45 years and over, although death rates from accidents increased, their relative importance as a cause of death declined. In the age group 45 to 64 years, accidents were in fifth place in 1940 with a death rate of 83.8 per 100,000. For persons 65 years and over the accident death rate was 305.9 in 1940, with falls as the most frequent type of fatal accident. But for persons in this age group death rates from other causes are so high (the rate of death from heart disease was 2,629.0 in 1940) that accidents do not appear among the five leading causes of death.

Increasing Importance of Deaths From Accidents During Childhood

Analysis of deaths of children under 20 years of age during the 3-year period 1939-41 has shown that the accident death rate is highest among infants under 1 year of age. Although fatal accidents constitute only 2 or 3 percent of all deaths among infants and do not appear as one of the five leading causes of deaths during infancy, accidents of types that are easily preventable are responsible for a large loss of infant life. In all age groups from 1 to 19 years deaths from accidents constituted a large proportion of all deaths occurring in the 3-year period, the percentage ranging from 5 percent for nonwhite girls 15 to 19 years of age to 43 percent for white boys in the same age group.

In 1940 accidents ranked first among the causes of death for children 5 to 14 years and for young people 15 to 24 years, and second for children 1 to 4 years of age.

For children of all ages except infants under 1 year, motor-vehicle accidents caused an unduly large number of preventable deaths in 1940. If "motor-vehicle accidents" and "all other accidents" were listed as two separate causes of death, both would appear in 1940 among the five most important causes. Because of wartime restrictions on gasoline, tires, and automobile production for civilian use, deaths from motor-vehicle accidents have been substantially reduced since 1940.⁶ Before unlimited automobile traffic is resumed, persons and agencies concerned with child welfare should assist in planning to prevent another peak in the needless loss of life from this cause.

The statement seems justified, on the basis of the figures presented, that preventable deaths of children from the acute and chronic infectious diseases and their complications have been reduced to such a degree since the turn of the century that other causes of death, especially accidents, have necessarily gained in importance. Thus, the prevention of accidents to children and youth and of deaths resulting from accidents represents a promising opportunity for public-health and public-education programs.

For this reason a more detailed analysis of deaths from accidents in childhood, analyzed by type of accident, is being prepared by the Children's Bureau and will be dealt with in a special report.

⁶ The death rate from motor-vehicle accidents for the 15-to-24 age group, as reported by the National Safety Council, was 25.4 per 100,000 population in 1938, 35.0 in 1941, and 18.0 in 1943 (estimated). *Accident Facts* (1944 edition), p. 75.

Committee Report on Child Health in the Post-War Period Adopted by American Academy of Pediatrics

ED. NOTE.—The following report on A Consideration of Child Health in the Post-War Period was adopted unanimously on November 10, 1944, by the American Academy of Pediatrics at its annual meeting in St. Louis.

"Historical

"It has been agreed that the E.M.I.C. program shall end six months after the war.

"In order that a post-war program for the care of children may be developed which will fit into any type of overall program for medical care which may be evolved, a resolution was adopted at a meeting of the American Pediatric Society in September, suggesting the formation of a committee of nine, representing the American Academy of Pediatrics, the American Pediatric Society, and the Medical Advisory Committee of the Children's Bureau: 'To assemble facts and develop con-

sidered opinions on post-war planning before the meeting of the American Academy of Pediatrics in November.'

"The committee appointed by the respective groups is as follows: From the American Academy of Pediatrics, Dr. Joseph S. Wall, Dr. Lee Forest Hill, Dr. Joseph I. Linde; from the American Pediatric Society, Dr. Borden S. Veeder, Dr. Warren R. Sisson, Dr. James L. Wilson; from the Medical Advisory Board of the Children's Bureau, Dr. Henry F. Helmholz, Dr. Allan M. Butler, Dr. Harvey F. Garrison.

"All are members of the Academy: five are pediatricians in active private practice of pediatrics and five are members of the E.M.I.C. Committee of the Academy."

"The Committee met on October 29 in Cleveland and on November 8 in St. Louis, and formulated the following report, which it wishes to present to the Executive Board of the American Academy of Pediatrics.

"A Consideration of Child Health in the Post-War Period

"OBJECTIVE

"To make available to all mothers and children in the U. S. A. all essential preventive, diagnostic and curative medical services of high quality, which used in cooperation with the other services for children, will make this country an ideal place for children to grow into responsible citizens.

"PROBLEMS

"A. A large number of children do not receive preventive and curative care compatible with present day standards of good pediatric care, because: I. The services are not available where they reside. II. The parents are unable to pay for the services. III. There is an unwillingness to use, or lack of knowledge of, available facilities.

"I. The services are not generally available where they reside, because of lack of:

"A. Personnel. Physicians, nurses, health officers, technicians.

"1. Physicians.

"(a) As private practitioners among children in the United States 2536 pediatricians are taking care of from 10 to 20% of the child population in their communities; 96.4% of these pediatricians are practising in communities of over 10,000 inhabitants. The remaining 80 to 90% receive preventive and curative care of

varying quality from general practitioners and public health agencies. In rural areas what care is given children is rendered by general practitioners with limited training in child care. One of the limiting factors is the age distribution of physicians in rural areas.

"(b) The need of increased facilities for better training in pediatrics in medical schools and hospitals, particularly in the post-war period.

"(c) The need of more adequate training of pediatricians in the field of mental health.

"(d) The need to educate the general practitioner to give better pediatric care.

"(e) The need to increase the number of men entering the specialty of pediatrics.

"2. Nurses.

"(a) Public Health Nurses:

"There is a need for the education and training of a greater number of public health nurses, especially those versed in the problems of child health.

"For every 5000 inhabitants in a community, there should be provided a public health nurse, with an ideal ratio of one to every 2,500 inhabitants.

"The development of training centers for public health nurses especially is urgently needed for rural areas.

"(b) Pediatric Nurses:

"There is need of nurses especially trained in the

care of infants and children. Particularly to be emphasized is the care of the premature and the newly-born infants.

"3. The need of training additional health officers is essential to any comprehensive child health program.

"4. The need of many additional trained technicians is evident if we are to supply adequate medical care in rural areas and in many urban communities.

"B. Facilities: Hospital, health centers, well child conferences, health departments.

"1. Hospitals: There is a need of:

"a. More beds for infants and children in general hospitals.

"b. Better facilities for the care of premature and newly-born infants.

"c. More adequate children's services in medical school clinics. The establishment of children's hospitals in association with general hospitals or medical school units is to be encouraged.

"2. Health Centers: There is a need for better integration of preventive and curative facilities in both rural and urban communities. In rural areas health centers should be developed at the periphery of a central hospital and administrative center.

In the health centers, physicians should have available such x-ray and laboratory services as are needed for common or simple diagnostic and therapeutic care in their practice. These centers should also be used for preventive services, prenatal, well baby, pre-school and school. Such a center should also be integrated with a central hospital. It should serve as a place for county medical society meetings, furnish offices for county and district health departments, and possibly for physicians. This scheme should eventually be worked out for rural and urban population alike.

"3. Well Child Conferences: In the rapid development of Child Health activities in this country, well baby clinics, or child health conferences, have performed an extremely valuable service, and in many places, such as rural areas and congested districts, must be continued.

"They should be developed in areas without well child care, to give this service and to be used as educational centers in such areas. It is realized, however, that their organization is not ideal, but a compromise under conditions of shortage of funds and personnel. Their activities should be carried out in conjunction with clinics where adequate facilities for the diagnosis and treatment of disease are available so that the same physicians can give continuous care in health and sickness. Our problem is to try to replace them

with complete Child Health Service such as exists in the best private pediatric practice.

"4. Health Department: There is a lack of proper districting of health departments. To insure the fundamentals for any state health program, it is necessary that each state be so divided into districts, that it is possible for each district to support a health department consisting of at least a full-time health officer having a D.P.H. degree and preferably an M.D. degree, a sanitary engineer, and a supervising public health nurse. It is desirable that each state and each district health department as the case may be have a pediatric consultant or advisor.

"B. Research: Because medical care is in the last analysis dependent upon medical knowledge, a basic problem in bettering pediatric care is the adequate support of pediatric research and the prompt application of new knowledge and techniques throughout all pediatric practice.

"C. Necessity of adequate remuneration of professional personnel. In the presentation of these problems, this joint committee wishes to stress the fact that adequate remuneration of all personnel rendering medical care is a prerequisite to better health of infants and children. Inadequate remuneration must ultimately lead to lower standards and less professional interest in an effort toward the better health of children.

The discrepancy that now exists between surgical fees on the one hand and free service to the indigent on the other has contributed in no small part to the problem of an equitable remuneration of physicians.

"D. There is need of proper correlation of housing, education recreation and nutrition with any program relating to child health.

"A. Education: The present impasse in the jurisdiction of school health between Boards of Education and Departments of Health, needs careful consideration by proper authorities at local, state, and federal levels, in order to establish a working basis between these bodies for an adequate school preventive and curative health program. Attention needs to be given particularly to the improvement of school health services in rural communities, in many of which they are practically non-existent.

RECOMMENDATIONS

"I. Survey: That the American Academy of Pediatrics request the United States Public Health Service and the Children's Bureau to undertake with the Academy a survey in every state to determine the following information concerning the present situation and extension of per-

sonnel and facilities needed in each state to meet the objectives as stated.

"1. Distribution of children in rural and urban areas.

"2. Number and distribution of pediatricians, and number of general practitioners graduated since 1930.

"3. a. Hospital facilities in obstetrics, pediatrics and communicable diseases.

"b. Health centers.

"c. Prenatal clinics.

"d. Well child conferences.

"e. Method and rate of remuneration of professional personnel under a, b, c, and d.

"4. County and district health departments.

"5. Public health and pediatric nursing.

"6. Provisions for social services to make curative care available.

"7. School health services—status of, particularly in rural areas.

"II. That the Academy sponsor efforts:

"A. To increase facilities for better training in pediatrics in the medical schools and hospitals particularly in the post-war period.

"B. To educate general practitioners to give better medical care to children, through:

"1. Postgraduate courses in medical centers.

"2. Employment by state health agencies of full time pediatricians as teachers and consultants in regions without pediatricians and where high mortality rates prevail.

"3. To better the integration of Children's Hospital Services, medical schools and general hospital clinics. To better the integration of the obstetric and pediatric services in hospitals. To

better the integration of the preventive and curative care of children.

"4. To emphasize child care in the Medical School curriculum.

"III. Administration of details of Children's Health Services should be determined by physicians, agencies, and the people at the local level as children's health care cannot be administered by remote control, at the state or federal level.

"IV. The qualifications as to admission to the Child Health Conferences should be determined at the local level.

"V. Mental Health: More facilities should be developed for the training of pediatricians and general practitioners in the field of mental health. Special emphasis is needed for the development of teachers in this field.

"VI. The financing of such extension of medical services for children cannot be reduced to any one simple formula. It may be provided for by direct payment to the physician by or for the individual receiving the services, by the extension of voluntary insurance plans on a local level, by compulsory insurance plans (extension of social security), by direct taxation on local or state level, by federal grants in aid from tax funds as a joint responsibility of local, state, and federal government. The determining factor should be the situation existing at the local level and undoubtedly a combination of the various methods of financing may be needed in many places.

"VII. National Department of Health and Welfare:

"The need of correlating of all health and welfare agencies at the federal level is such that a National Department of Health and Welfare of cabinet rank should be established."

NOTES

ENCYCLOPEDIA OF CHILD GUIDANCE. Edited by Ralph B. Winn, Ph.D. Published by Philosophical Library, 15 East Fortieth Street, New York, 1943. 465 pp. \$7.50.

Psychologists, social workers, educators, and others interested in the theories of child development and the practice of child guidance will find this encyclopedia a reference book of interest. The material presented has been contributed by more than 70 individuals in various fields related to child development and guidance. A bibliography is included with each subject.

FOUR- AND FIVE-YEAR-OLDS AT SCHOOL. Association for Childhood Education, 1201 Sixteenth Street, NW, Washington 6, 1943. 28 pp. 35 cents.

What 4- and 5-year-olds are like, what some of their educational needs are, what makes a good school environ-

ment for them, and how their experiences in kindergarten may be related to their next school experience and to their home are discussed in a 28-page booklet designed to be of interest to both school people and parents.

Because of the concrete nature of the material a third type of audience should profit: Volunteers in wartime child-care centers will find in it many suggestions to give them added insight into the children with whom they are working. The major part of the booklet was written by Neith Headley, head teacher of the kindergarten, University of Minnesota Institute of Child Welfare, and the rest by Viretta C. Van Dorn, a kindergarten teacher, and Lucy Leslie, a first-grade teacher. A bibliography of recent books is included, and the bulletin is made attractive by Miss Headley's block prints of children at play.

WHAT MAKES A GOOD HOME and WHAT MAKES GOOD HABITS—THE BEGINNING OF DISCIPLINE. Child Study Association, 221 West Fifty-seventh Street, New York 19, N. Y. 23 pages each. 15 cents each; 25 cents for both.

These two illustrated booklets, written in simple language, offer sympathetic suggestions on ways of meeting parents' wartime problems as well as their problems in normal times. These suggestions should be reassuring and heartening to perplexed mothers and fathers who are trying to do their best under harassing conditions.

What Makes a Good Home? emphasizes that adults should try to remember what it was like to be a child and realize that a child needs help in facing even such situations as moving to a new neighborhood, not to speak of such serious ones as absence of the father from home. It briefly suggests children's need for play and friends and humor—and likewise the parents' need for these things.

What Makes Good Habits—the Beginning of Discipline touches briefly but effectively on the various items of a child's schedule—eating, sleeping, going to the toilet—and does not omit the familiar old bogeys of thumb sucking, disobedience, and jealousy.

Although both booklets suffer from the oversimplification inevitable in such compressed treatment, they gain by the lightness of touch with which they are written. The U. S. O. Division of the National Board of the Y. W. C. A. cooperated with the Child Study Association in preparing the two publications.

EDUCATION AND HEALTH OF THE PARTIALLY SEEING CHILD, by Winifred Hathaway. Columbia University Press, New York, 1943. 215 pp. \$2.50.

In this book Mrs. Hathaway, associate director of the National Society for the Prevention of Blindness, explains the principles underlying educational procedures and health services for partially seeing children and shows how they may be applied to further the education and health of these children, whether they live in cities, towns, villages, or isolated rural areas.

Various chapters deal with methods of finding partially seeing children, classification, program planning, administrative problems in small communities and rural areas, school health services for visually handicapped children, equipment of classrooms, special teaching methods, child guidance for partially seeing pupils, and the role of community social-service agencies and organizations.

The book is intended for the use of administrators, supervisors, teachers, nurses, social workers, and others concerned with the welfare of children.

The book is well illustrated, contains helpful suggestions regarding sources for obtaining special materials and equipment, and has a full glossary of technical terms relating to the eye.

FOR THE CHILDREN'S BOOKSHELF; A BOOKLIST FOR PARENTS. Bureau Publication 304. U. S. Department of Labor, Washington, 1944, 24 pp.

This is not a list of all the "best" books, but merely some good books of each kind, grouped with reference to children's interests and to their varying levels of developments. It was prepared by Mrs. Marion L. Faegre of the Division of Research in Child Development, with the assistance of Nora E. Beust of the United States Office of Education.

"LET'S DO IT NOW" SERIES, by Eva Knox Evans. Publication Committee, West Georgia College, Carrollton, Ga.

This series of pamphlets, illustrated in color and black and white, has been made possible through the cooperation of the Julius Rosenwald Fund. They are written with the help of children and teachers in rural elementary schools of Carrollton County, Ga. Two of these pamphlets, which will be of special interest to readers of *The Child* are "The Doctor Is Coming" and "Let's Cook Lunch."

"The Doctor Is Coming" interprets a school medical program for the young child. Health is presented in poster terms. The child's anxieties about undressing and about immunization are dealt with reassuringly. School health staff will find this a useful implement. (1943. 17 pp. Single copies 15 cents. Sets of 25, \$2.50.)

"Let's Cook Lunch" outlines in nontechnical language the steps to be taken in initiating a school-lunch program in one- and two-room rural schools. Specific suggestions on making the necessary equipment, planning simple meals, obtaining the food, and planning the work are included. Emphasis throughout is on pupil participation. (1944. 46 pp. Single copies 25 cents. Sets of 25, \$3.75.)

HOSPITAL AND HOME CARE OF PREMATURE INFANTS: A PLAN FOR COORDINATION. Children's Bureau Folder 33. U. S. Department of Labor, Washington, 1944. 4 pp.

The prolonged hospital care required by many premature infants and their need for special care at home involve problems which have become more difficult under present conditions. The purpose of this folder is to assist the medical, nursing, and social-service staffs of hospitals, and outside physicians, in making careful plans that will safeguard the health of premature infants after their discharge from the hospital, in giving mothers the instructions necessary for the care of their infants, and in determining the time of discharge according to medical criteria, the physical standards and equipment of the home, and the availability of medical-social or case-work services.

CHILD BEHAVIOR AND DEVELOPMENT. Edited by Roger G. Barker, Jacob S. Kounin, and Herbert F. Wright. McGraw-Hill Book Company, New York and London, 1943. 652 pp. \$4.

In this volume reports of 34 selected studies in the field of child behavior and development are presented, primarily for the use of college students, with an initial chapter on the history and future of research in child development. Each report was prepared by the investigator who conducted the study.

The selections were based on responses from 52 members of the Society for Research in Child Development, each of whom was asked to submit a list of the six studies which in his or her opinion would have the greatest value as basic reading material for college students. The editors took the responsibility of making the final selections in the fields in which a number of studies were nominated with equal frequency and also of selecting studies in the fields in which nominations were not made.

As the preface says, "the reports are not essays about research. Each of them is an account of the procedures, results, and conclusions of a particular investigation. Their purpose is to represent not only the products but also the processes of research."

• **SOCIAL SERVICES FOR CHILDREN** •

Leisure-Time Activities for Children and Youth as a Concern of a State Department of Public Welfare

BY ELIZABETH THOMAS

Consultant in Group Work, Child Welfare Division, State Department of Public Welfare, Colorado

NOTE.—This article discusses a new function in Colorado's State child-welfare organization; namely, consultation service to communities with regard to group leisure-time activities for children and youth.

For a State department of public welfare, through its division of child welfare, to be interested in services to groups of children as well as services to individual children is a natural outgrowth of its responsibility for community welfare. Such a department, if administered progressively, fulfills its responsibility to every community in the State by making its services available to every person in the community who needs them, irrespective of age, sex, race, or creed, or of social or economic status. In rural communities, where the county department of public welfare is likely to be the only organized agency in the field of social welfare, this responsibility is especially marked.

With this general responsibility in view Colorado's State Department of Public Welfare has developed in its division of child welfare, as a new area of service, leisure-time activities for children. A child-welfare program within the framework of a State department of public welfare is interested in the child in his own home, or in a foster home, or in an institution. It is interested in the child at school, at work, and at play.

Community leisure-time services usually fall within the responsibility of a local public recreation department or the schools, and the private youth-serving organizations. The latter are usually member agencies of the Community Chest and Council of Social Agencies where such organizations exist. Churches and civic and social organizations supplement opportunities for leisure-time activities. In rural areas the 4-H Clubs, the Future Farmers, and the Farmers Union may provide for recreation and group activities.

A public welfare department as a community organization is concerned with existing needs in

social welfare. It determines the resources available to meet these needs. It discovers where there are gaps that need to be filled and proceeds to initiate new services and strengthen existing ones in order to provide as nearly as possible adequate service to the individual.

The over-all relationship of a local department of public welfare to the agencies and groups operating in the area of leisure-time services is a working relationship. If, as in some isolated communities, there are no leisure-time services available, the department of public welfare begins to work toward the creation of such services. In other communities, where leisure-time services are available under public and private auspices, the department of public welfare works toward strengthening these services and effecting their closer integration.

The department of public welfare is a "user" of these services in that it refers children under its care to recreation and group-work agencies. The department of public welfare interprets the value of leisure-time opportunities for all children to the community and enlists the public's support of this part of the community social-welfare program. It is not difficult to see that the activities of a department of public welfare in the area of leisure-time services on the State and local levels can be of great value to the recreation movement as a local, State, and National development. The services of a qualified social group worker within the department of public welfare may be necessary to assist the department to carry out its responsibility in this area.

A social group worker is a social worker trained to work with individuals in groups, usually within the framework of a group-work agency in the community, according to that agency's function, on the basis of meeting continuous and permanent needs. The group worker aims toward the adjustment and development of the individual members

within the group setting. He or she also deals with the problems of inter-group relationships that come from both the agency and the community and provides help in evaluating progress in relation to certain objectives for the individual and the community.

munity in order to bring about closer integration of group-work and case-work services.

2. To assist in the development and strengthening of adequate leisure-time services to *all* children.

3. To give consultation in methods of group



A Fair Wind on a Hillside

The Child Welfare Division of the Colorado State Department of Public Welfare, with an over-all concern for children in Colorado, felt that an important service within all areas in a community was provision of leisure-time opportunities. As a step toward carrying out its responsibility for this service as a part of community child welfare the Child Welfare Division, on August 1, 1943, placed on its staff a group-work consultant.

A consultant in group work acts in an advisory capacity in the area of leisure-time services. When the group-work consultant joined the State child-welfare staff, her functions were outlined as follows:

1. To interpret to the local child-welfare units in the county department of public welfare the recreation and group-work resources in the com-

organization in communities and in the State as a whole, such as assistance to community organizations for social welfare including councils of social agencies, county child-welfare advisory committees, individual social agencies, church and civic groups; and to relate the work of such agencies to the State department of public welfare.

The way in which these functions were to be carried out was dependent on two factors (1) the organization in which the consultant was to operate—that is, the Colorado State Department of Public Welfare and, within it, the Child Welfare Division, and (2) the extent to which the individual communities and the State as a whole had assumed responsibility for the provision of leisure-time services and the development of a basic child-

welfare program as an integral part of total community social welfare.

The Child Welfare Division is one of seven divisions operating within the Colorado State Department of Public Welfare. This division has a director, a case consultant, and four district consultants, as well as the group-work consultant. The district consultants are responsible for total coverage of the State, which includes 63 county departments of public welfare. In 15 counties there are child-welfare units. One of the district consultants is responsible for work in those counties in which there is no child-welfare unit. The district consultants were seen as the key persons to interpret the services of the group-work consultant in the county departments of public welfare.

The working arrangement has evolved as follows: After the district consultant has made such an interpretation the county director of public welfare, through or with the child-welfare worker, invites the group-work consultant to visit the community. The director usually participates with the consultant and the child-welfare worker in making and carrying out plans for leisure-time services according to the particular community situation. The county director may also furnish information on these services to the district representatives of the State department of public welfare.

With regard to the total work-load of the consultant, the important considerations are:

1. The characteristics of communities; the size, the centers of concentrated population, the number and spread of the smaller communities, and the distinctly rural areas.
2. The distribution of ethnic and religious groups.
3. The number of trained workers in the field of recreation and group work in the communities.
4. The extent of development of the public-welfare program and of the child-welfare program in the State.
5. The extent of interest in child-welfare and leisure-time services that the State of Colorado presents in the light of the historical development of programs for children in the State.

With reference to the development of programs in individual communities it was important for the group-work consultant to identify and measure leadership within the group-work and recreation field. It was also important to find out the degree to which individuals and groups had learned to work cooperatively. Community attitudes had to be understood in terms of their effect on the development of a social-welfare program as a whole for children.

Since her appointment in August 1943 the group-work consultant has worked in eight communities representing a large part of the population of the State outside of Denver and including the two next largest cities. The largest of the eight communities is a city of 40,000, the smallest a village of some 250. Geographically they represent the northern, western, and southern parts of the

State. They include a small mountain community, a mining town, a resort town, an industrial center, and small farming communities.

The department of public welfare is operative in each community. The types of organization for social welfare include a council of social agencies in the largest city and an organization around a county child-welfare advisory committee in the medium-sized community. In the smaller and so-called unorganized communities the program was developed either on an individual-agency basis or through an organization of individuals and groups brought together to meet immediate needs.

Colorado Springs

In Colorado Springs, with a population of approximately 40,000, a 3-month survey of community social welfare was conducted. The role of the group-work consultant was twofold—to advise on group methods and organization with regard to the survey proper, and to assist in the survey of the group-work agencies. Another member of the Child Welfare Division was a co-worker, assisting in the survey of the case-work agencies.

In the summer of 1943 the Social Protection Committee of the Council of Social Agencies investigated some areas of need in community social welfare, especially those related to the war. On the basis of the findings the committee reported need for counseling services, particularly in regard to day care for children, and recommended the employment of a counselor. It also recommended that the Council of Social Agencies sponsor a survey of community social welfare as a whole.

A meeting of the Council of Social Agencies was held at which the two staff members of the Child Welfare Division were requested to discuss the proposal for a community survey. It was agreed that a study would be made by citizens of Colorado Springs, with the two staff members of the Child Welfare Division providing technical assistance. There was mutual acceptance of the method to be used and the leadership necessary to carry out the study.

Organization of the survey.—After this general meeting, the two consultants called together 15 key persons in the community, and identified and discussed with them general community problems and the method of group study and obtained their unanimous agreement on the plan. The general organization for the survey consisted of a family section; a children's section, including leisure-time services, and a committee on minority groups whose dual function was to work within the committees of the family and children's sections and as an independent group. A central committee, with representation from each of the committees

within the sections, acted as a coordinating agent and passed on each committee report before its incorporation in the final survey report.

Representatives of the schools, the churches, the police, the courts, the children's institutions, the social agencies—including lay and professional workers—were among the 125 persons who participated in making the community study.

Each committee mapped out its area of work according to its particular assignment and in relation to the other areas of work within the total survey. The work of the committees can best be described as fluid, with each meeting being planned and carried out according to the development of its own work, based on the material presented and the discussion which took place.

Adoption of the plan by Council of Social Agencies.—Fifty-two meetings were held in the 2 months before the report of the survey group was presented to the Council of Social Agencies. The report was accepted with the recommendation that a follow-up evaluation be made later, based on the findings and recommendations in this initial survey and on the developments in community social welfare in the interim period.

An important development was the adoption of the total committee structure of the survey by the Council of Social Agencies as its own organizational structure and the transfer of the membership of the survey group in toto into the organization of the Council of Social Agencies. This involved adoption of the plan by the executive committee of the Council of Social Agencies and acceptance by the survey workers of membership on committees within the Council of Social Agencies.

The community survey resulted in (1) a plan for a continued process of community study, planning, action, and evaluation; (2) a unification of—and mutual respect between—groups and individuals within the community, and (3) a better-informed leadership in community social welfare.

Participation of group-work agencies.—The group-work agencies operating in Colorado Springs are: The Young Women's Christian Association, the Young Men's Christian Association, the Boy Scouts, the Girl Scouts, the Boys Club, and the Salvation Army. As these agencies are members of the Council of Social Agencies, they were included in the group of agencies to be surveyed.

A general questionnaire in regard to organization, program, and leadership was sent to each agency participating. A questionnaire was also sent to the director of the War Recreation Committee, who was responsible for the public recreation program, in view of that program's relationship to the private group-work agencies and its

importance as a part of the total community leisure-time services.

The executives of each of the private agencies were interviewed by the consultant. In this interview the purpose of the survey was pointed up through a discussion of the agency program, with the questionnaire used as reference. The values of cooperative work among the leisure-time agencies were realized through these interviews with the result that the agency executives agreed to look upon the survey as a tool to bring group-work people together, and thereupon planned the first meeting of group-work representatives.

At this time agency representatives, including lay and professional members, discussed their own agency programs and their relationship to the community program.

The group-work committee made the following recommendations:

(1) It was agreed that there was need to have specific information relative to the characteristics of the population to be served in terms of age groups and families, their distribution geographically, the extent of their participation in leisure-time activities, and unmet needs and interests of children and youth.

(2) The committee wanted to define private-agency functions and to understand those of a public recreation department in order that a working relationship between these agencies might be evolved.

(3) There was the need for the group-work committee to continue as the group organization concerned with leisure-time services and to relate the group-work agencies to other social agencies or community organizations serving children, such as the child-welfare unit of the county department of public welfare, the health agencies, the schools, the police, the courts, and the churches.

Therefore, the group-work section of the Council of Social Agencies was reactivated as a direct result of the survey. Monthly meetings of the group-work executives were provided for; committees were organized on neighborhood planning, leadership recruitment and training, and camping, and a cooperative teen-age program was set up.

Trinidad

In Trinidad (population approximately 15,000) primary concern was expressed in regard to needs in community leisure-time services by a strong, representative citizens' group—with definite movement toward assumption of responsibility for leisure-time services to all children and youth.

The following illustrates how the consultant in group work functioned in response to the needs expressed by the citizens' committee.

Help requested by youth group.—A letter from the child-welfare worker requested the services of the consultant, stating that "Las Animas County

is very anxious to start a youth center or a teen-age club. The high-school students are especially interested in it. However, the young people feel that they have gone about as far as they can by themselves. They are eager for adult guidance and counsel."

At the same time came a letter from the school superintendent: "Several weeks ago, the Las Animas County child-welfare advisory committee, of which I am a member, held a rather lengthy discussion concerning the possibility of the establishment of a youth center or a 'teen-age' canteen in this community. If the youth in our community show sufficient interest in such a project, I was wondering if you might be available to come into our community and spend some time here, with the result that we might profit by your suggestions."

A third request came, upon the worker's arrival in the office of the county department of public welfare in Trinidad, stating that "the county judge wished to confer with the worker." This request was with reference to a boys' club project which the Eagles, a civic organization, planned to sponsor.

The temporary chairman of the youth group and members of the subcommittee of the child-welfare advisory committee met to plan for the establishment of the youth center. The youth committee chairman expressed the need for technical help on "how to go about getting the center under way." She indicated that the youth group needed support in carrying out something it had started. She particularly wanted to know how to insure participation in the center program by all groups of youth.

Development of the youth center.—A meeting was held with a youth group which was representative of the total community. The consultant discussed a teen-age center on the basis of the experience of other communities and helped them make their plans. A permanent chairman and a planning committee were elected, and the time and place were set for the organizational meeting.

The relationship of the adult advisory group to the youth group was discussed, and the adult group decided to "stand by" to help when the youth group asked for their assistance.

The youth committee developed its own organization—including program, operation, membership requirements, and finances. However, they experienced difficulty in finding a place for the youth center, but after a while temporary quarters were made available, and finally a permanent center was established. The adult sponsor for the group, who helped them develop the center, is a member of the child-welfare advisory committee.

Conferences were also held with the county judge, who has assumed leadership of the boys' club, and advisory assistance has been given him.

Continued concern is expressed by the citizens' committee for leisure-time services for the total child population, with special reference to the Spanish-speaking children and youth, who make up some 60 percent of the total population. A request has been made by the county department of public welfare for assistance in meeting this over-all need.

Dillon

The Dillon program is an example of work in a sparsely populated county. The program was based upon intelligent participation by adult citizens who encouraged imaginative use of what resources were available. The consultant assumed active leadership to give technical assistance to interested lay workers.

In this, a small mountain village, located in Summit County, the consultant, after a conference with the director of the department of public welfare, was invited to attend a "mass meeting" sponsored by parents because of their concern about the lack of recreational opportunities.

Club and interclub activities.—From this beginning there evolved a rather unusual organization of six small club groups, which include in their constituencies nearly every youngster in the community. The adult advisory leaders were chosen by the youth themselves with the help of an advisory committee.

Individual club organization meetings were held within 3 weeks of the consultant's first visit, and club activities were initiated with the Town Hall serving as a clubhouse. A leaders' meeting brought out questions on "house organization," such as the use of clubrooms, the responsibility which the various groups would assume in the drawing up of a club constitution, and finances. One of the clubs, the Lariat Club, had made \$35 on a "box social" and wanted to "fix up" one of the clubrooms. But, they asked, would it be theirs after they redecorated it?

The first interclub project was a variety night in May. The Fourth of July was celebrated on a county-wide basis in a program sponsored by the clubs and the recreation board.

The latest communication from the director of the department of public welfare says: "Three girls and a boy from a neighboring community came to my office to ask my help and suggestions about a club that they had formed. When I suggested that they join with Dillon, they said that the 'Dillon girls' had said that they didn't want

them and that if they were invited now, they would not join. I told them that I would try to arrange with you to talk with their parents when you next came." This indicates a spreading interest in the club idea. The attitude of the "Dillon girls" is a typical situation in which a leader has to work directly with a club group.

Volunteer leadership in a small community.—The following description of one of the six clubs in Dillon demonstrates how a club in an unorganized community operates almost solely with the help of volunteer leadership.

The Lariat Club, of which the Dillon girls are members, consists of eight girls 14 to 16 years of age. The leader, chosen by the membership, is an intelligent and understanding young mother. The club has weekly meetings, usually supper meetings, in the homes of different members. The club holds dances and game nights, plays basketball, and rides horseback. In previous years these girls from Dillon had gone to high-school proms with men much their senior—miners and highway workers. This year, the leader, through the club, encouraged them to go with boys of their own age, inviting the girls to dress for the dance at her home and the boys to send corsages there.

A conference of the Lariat Club leader, the director of the department of public welfare, and the consultant contributed to the understanding of the individual girl in the club group, with a knowledge of the family background and social situation in the community. On the basis of this conference, it was decided that there was need for a program to strengthen the mother-daughter relationship, and the club planned to have a mother-daughter banquet. It was also suggested that some opportunity be given the group to discuss boy-girl relationships.

The account given here of the work in three

communities, particularly Colorado Springs, provides illustrations of the development of leisure-time services as a part of social-welfare work as a whole. It may be said that Colorado communities are "on the move" but have some distance to go in carrying out the objectives they have set in providing more adequate leisure-time services for all children.

There is need for (1) over-all community planning, with the coordination of all groups and agencies operating in the field of leisure-time services and (2) correlation of the services of all agencies concerned with the welfare of children.

Coordination and correlation of services are based on a *continuing* relationship, which is dynamic rather than static. The degree to which this can be brought about in a given community may vary. The picture is particularly high-lighted during the war period when there is great change within agencies, such as turn-over in personnel and demand for expansion of the program and for adaptation of it to meet emergency needs.

Concentration of efforts in strengthening leisure-time and child-welfare services should be centered in the individual communities. Work on a State level should support the activities in individual communities through advice and consultation on leisure-time services.

This report of a year's work by the group-work consultant on the staff of Colorado's State Department of Public Welfare has been written to show the relationship of State and local welfare services to the development of leisure-time services, by setting forth: (1) The philosophy and function of public welfare and child welfare; (2) the relationship of leisure-time services to other areas of child-welfare services; (3) the functions of a State consultant in group work, and their operation within the structure of the department of public welfare; (4) a description of work in three individual communities.

Plan For Memorial to Mary Irene Atkinson

With the purpose of developing an enduring memorial to a great social pioneer, the late Mary Irene Atkinson, formerly Director of the Child Welfare Division of the Children's Bureau, a committee has been formed under the chairmanship of Robert T. Lansdale, Commissioner, New York State Department of Social Welfare, with Katharine F. Lenroot, Chief of the Children's Bureau, as honorary chairman. The committee has decided that the most suitable memorial to Miss Atkinson would be a published collection of her

writings, which would make available to the young people of today and tomorrow those expressions of her spirit and social philosophy which are preserved in her formal papers, her field reports, her letters, and her other writings. Such a volume is being prepared by an editorial committee headed by Cheney Jones and will be made available to young people in colleges, schools of social work, and social agencies. A leaflet has been published by the sponsoring committee, outlining the plan and inviting interested persons to participate in the memorial.

• YOUNG WORKERS IN WARTIME •

A Judge Speaks to a Bowling-Alley Proprietor on Child Labor

NOTE.—The proprietor and the manager of the bowling alley concerned were found guilty of illegally employing as pin setters two brothers, one 12 years old and one 15, and permitting them to work until midnight.

"Mr. X, as the proprietor of a bowling alley, I think you know that the public in general realizes the difficulty you have in securing employees to act as pin boys. The mere fact that you have difficulty in securing pin boys who can legally do that work does not excuse you, however, under the law, from employing boys who are doing the work illegally. . . . When you employ boys of this age you are dealing in the black market the same as any man in business who has only a limited supply of materials to sell but who disregards the restrictions and buys and sells in the black market. . . . What you have done is to deal in the human black market. . . .

" . . . It may be that you have done what you could toward securing the proper type of help. . . . When these boys work beyond certain hours, that prevents them from being in condition, physically and mentally, to go to school the next day. Boys of this age require a certain amount of sleep.

"Of course, these boys are anxious to work and earn a little money, but when they do that many of them no longer want to go to school. Fortunately, these boys were only absent from school for a short period of time. They remained away from their homes and from school for—I think—4 or 5 days and nights. You can realize, as we all

realize, Mr. X, that boys who sleep in a factory instead of sleeping at home are going to get into serious difficulties . . . having a little money, they stay away from school and lead an independent life. In order to continue in this kind of life they need money, and they sometimes turn to other means to obtain that money—even to the extent of snatching purses and things of that kind in order to have money so they may be independent and stay away from home. They remain away from home and from school.

"There is nothing wrong in a boy's setting up pins in a bowling alley at certain times. . . .

"You are no doubt a successful business man and have invested a lot of money in your business. No one wants to take it away from you. Probably there are times when your inability to get the help you need may cause a curtailing of your business and a curtailing of your profits. At the same time, my suggestion to you is that you bend over backward, if necessary, to observe this law. You can do it, although you may have to turn some people away from your bowling alley. . . . It will be a sacrifice. But it is a sacrifice that every man has to make today. As manager, Mr. Y, you will have to be more careful and see that these boys whom you employ have certificates. . . . You have been warned and you must realize that if you come back on the same charge it is going to be much more serious for you both. I will fine Mr. X \$200 and Mr. Y \$25."

BOOK NOTES

THE LEGAL EMPLOYMENT OF CHILDREN AND YOUTH. Publication No. 113, Public Education and Child Labor Association, 1505 Race Street, Philadelphia 2, 1944. 15 pp.

In an effort to promote better understanding of child-labor standards on the part of the public in Pennsylvania, the Public Education and Child Labor Association presents a booklet of facts about both Pennsylvania regulations and Federal regulations affecting the employment of young persons. In simple and usable form, it summarizes the provisions of the State child-labor law and the administrative rulings issued thereunder by the industrial board of the State Department of Labor and Industry. The age and hour regulations are shown ac-

cording to the age groups to which they apply. The requirements for employment certificates and the procedures for obtaining them are also given. The booklet concludes with brief summaries of the child-labor provisions of the Fair Labor Standards Act of 1938 and of the Walsh-Healey Public Contracts Act.

USABLE REFERENCES FOR TEACHERS OF SPANISH-SPEAKING AMERICANS. Consumers League of Michigan, 222 Louise Avenue, Highland Park, Mich., 1944. 6 pp.

Includes a section entitled, "Backgrounds—Economic, Social, and Historical," listing books and pamphlets on conditions among Spanish-speaking child workers, especially in Michigan and nearby areas.

• THE WORLD'S CHILDREN •

EL SALVADOR

National Child Welfare Association

The National Child Welfare Association of El Salvador in 1943 conducted a campaign for the establishment of maternity clinics with provision for prenatal care, attendance at childbirth, and postnatal care, and for more extensive obstetric facilities in rural districts. The need for day nurseries was also stressed.

As the result of this campaign the association reports the establishment of eight prenatal clinics by the National Bureau of Public Health and two by other agencies. Training courses requiring 1 month have been organized for untrained midwives in rural districts. These courses are directed by an American nurse who also has training in midwifery. The cost of transportation and other expenses of attending such a course are paid by the National Child Welfare Association or, in some cases, by plantation owners. Training for midwives residing in the vicinity of the capital is paid for by the Inter-American Cooperative Health Service.

The association, which is supported for the most part by private contributions, also reports that obstetric facilities have been set up in several localities, and that day nurseries for children of working mothers have been opened in a number of industrial establishments. Steadily growing interest in child welfare was manifested in the holding of the First National Child Welfare Congress of El Salvador in 1943, in the inclusion of child welfare on the program of the recent Congress of Municipalities, and in the observance of a child-welfare week sponsored by the Rotary Club.

Memoria de la Asociación Nacional Pro-Infancia, 1942-43.

MEXICO

Deficiency Diseases Among Children in Mexico City

Of the 10,000 children who attended a children's clinic in a working-class district of Mexico City 5,500 were found to have deficiency diseases attributed to lack of proper food. After this disclosure a group of prominent physicians in Mexico City, members of the Mexican Society of Pediatrics, petitioned the President of the Republic to take measures toward relieving the food

situation as it affects children in poor families. Also, a meeting was called by the Society of Pediatrics and the Institute of Nutrition of the Department of Public Health and Social Welfare, and a memorandum was prepared, calling the attention of the Government to the prevalence of deficiency diseases among children of poor families in Mexico City.

El Nacional, July 7 and 8, 1944, and El Popular, August 12, 1944, both of Mexico City.

CHILE

Medical Services for School Children

New regulations for medical services for public-school children have been recently issued in Chile. These services are to be put into effect by the school physicians, under the direction of the Dirección General de Protección a la Infancia y Adolescencia, central agency for maternal and child-welfare work.

According to these regulations every child must be given a complete medical examination and mental test, upon entering school for the first time. In the examination attention is to be given to detecting defects of speech, vision, hearing, the digestive tract, the cardio-vascular system, and so forth. Examinations of the children's vision, hearing, and physical development are to be made annually or at intervals prescribed by the school physician. Every school child must be given annually a tuberculin test and an X-ray examination of the chest. Medical treatment is to be provided free for children unable to pay.

A health card must be prepared for each child entering school. On this card are to be noted all examinations and treatment given to the child, and other information relating to his health during the entire time he attends school.

The school physician, in cooperation with the education authorities, is to select those children who are to be sent to special classes for mentally retarded pupils or to open-air schools, those to be served school lunches, and so forth. He is also to supervise the diet of the children in the school lunchrooms.

Measures are prescribed for the control of communicable diseases in the schools, for health services for teachers, and for sanitary inspection of the school buildings.

Private schools are ordered to provide health services for their children and teachers similar to those prescribed for public schools.

Diario Oficial de la República de Chile, December 10, 1943.

BRAZIL

In-Service Training for Personnel of the National Children's Bureau

For the training of the personnel of the National Children's Bureau of Brazil the following courses have been recently established in Rio de Janeiro: A 1-year course for physicians employed in the Bureau's child-health services; a 4-month course for the social-service personnel of the Bureau's maternal and child-welfare services, and a course for the subprofessional staff.

O Jornal, Rio de Janeiro, Brasil, September 9, 1944.

Ruling Prohibits Admission of Boys and Girls to Poolrooms

The judge of the juvenile court of the Federal District of Brazil, which includes the capital, Rio de Janeiro, has issued a ruling that prohibits the admission of boys and girls under 18 to poolrooms. Fines are prescribed for the owners of establishments failing to comply with the regulation.

Correio da Manhã, Rio de Janeiro, Feb. 19, 1944.

Information Campaign on Child Protection

"Child protection" is the slogan of the 1944 information campaign conducted through the press and the radio by the National Children's Bureau of Brazil in cooperation with other welfare agencies to arouse interest in child welfare. The Bureau conducts such a campaign annually, concentrating on a special phase of child welfare each year. This year the phase selected is the problem of neglected and homeless children. The National Children's Bureau was established in 1940.

GREAT BRITAIN

New Education Law

A new order in education in Great Britain has begun, with the passage of the long-planned-for Education Bill, designated "a bill to reform the law relating to education in England and Wales." This bill received the Royal Assent on August 3, 1944. A summary of its provisions is planned for a later issue of *The Child*.

In addition to reorganizing the general system of public education the act provides that the minimum school-leaving age shall be raised from 14 to 15 years on April 1, 1945, and to 16 as soon

as practicable thereafter. However, because of the impossibility, owing to war conditions, of obtaining sufficient teachers by next Spring to take care of the increased enrollment, it is expected that a postponement of the effective date of the 15-year school-leaving age will be necessary.

This act repeals the Education Act of 1936, which was to have gone into operation September 1, 1939, but which was suspended because of the war emergency. The new act sets a higher standard than the prior act, which established a school-leaving age of 15, but permitted exemptions for certain types of employment.

Motion Picture, "A Start in Life"

A Start in Life, a motion picture issued by the British Information Services, shows what is being done in Great Britain to ensure that every child receives the proper care and education. British Information Services, 30 Rockefeller Center, New York.

AUSTRALIA

Recommendations on Optimum Hours and Rest Periods

The Australian Department of Labor and National Service has issued a statement giving the weekly hours and rest periods that it considers will bring about the highest output over a period of time. These conclusions are based on the observations made by production engineers in Australia. As regards young persons under 18, the statement notes that "the fact that they are employed with men and women who are working longer hours is not considered sufficient reason for permitting juveniles to work more than 44 hours per week." It suggests that, rather than permitting juveniles to work beyond this length of time, employers should, if necessary, take on part-time workers.

The Labour Gazette, Ottawa, Canada.
February 1944.

PERU

Book Note

LOS NIÑOS; OPERA ET VERBA (Children; Deeds and Words) by Dr. Carlos Enrique Paz Soldán, Director del Instituto de Medicina Social de la Universidad de Lima. Ediciones de "La Reforma Médica," Lima, Peru. 1944. 483 pp.

The author, for many years a leader in maternal and child-health work in Peru, has collected in the present volume his lectures and speeches on that subject. The collected material describes various phases of the work of Government agencies and presents numerous recommendations for better services for mothers and children. Much space is given to the draft of the Children's Code now under discussion in Peru.

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